



## Montana Youth Leadership Forum

[www.montanaylf.org](http://www.montanaylf.org)

**WE'RE INVITING FUTURE COMMUNITY LEADERS  
TO ATTEND THE ANNUAL MONTANA YOUTH LEADERSHIP  
FORUM (MYLF) FOR STUDENTS WITH DISABILITIES**

**July 12-16, 2010**

**Location – Carroll College, Helena, MT**

\*Twenty high school sophomores, juniors and seniors will be selected.

\*No expense to selected delegates (**all expenses paid**).

\*Exciting, fun, and educational four-day training program.

**APPLICATION FORMS MUST BE POSTMARKED BY  
April 2, 2010**

\*Students must complete all information of this application.

\*Please type or print with black ink.

\*Mail the application to the address on the last page (page 6).

\*Please see page 5 for additional application instructions.

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**1. Last Name**

**First**

**Middle**

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**2. Address**

**City**

**Zip**

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**3. Male / Female**

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**4. Phone**

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**5. Name of High School**

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**6. Grade Level on 12/31/09**

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**7. Your E-Mail Address**

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**8. Birth date**

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**9. Date Graduation Expected**

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**10. School Phone Number**

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**11. Your Ethnicity**

**12. Please describe your disability.** This information will assist in assuring that we include delegates with a diversity of disabilities.

Disability (medical diagnosis) \_\_\_\_\_

\_\_\_\_\_

Onset of disability: \_\_\_\_\_

Check all that apply:

Deaf \_\_\_\_\_

Hard of Hearing \_\_\_\_\_

I use sign language \_\_\_\_\_

I use real time captioning \_\_\_\_\_

I use lip reading \_\_\_\_\_

Blind \_\_\_\_\_

Visual Impairment \_\_\_\_\_

I read with Braille \_\_\_\_\_

I read with large print \_\_\_\_\_

Orthopedic Disability \_\_\_\_\_

I use a wheelchair \_\_\_\_\_

I cannot walk upstairs \_\_\_\_\_

I cannot walk long distances \_\_\_\_\_

Developmental Disability \_\_\_\_\_

Describe \_\_\_\_\_

\_\_\_\_\_

Autism \_\_\_\_\_

Traumatic Brain Injury \_\_\_\_\_

Other \_\_\_\_\_

Mental Health Disability \_\_\_\_\_

Neuromuscular Disability \_\_\_\_\_

Learning Disability \_\_\_\_\_

Multiple Disabilities \_\_\_\_\_

**MYLF Application**  
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**13. Information on Vocational Rehabilitation**

If you are currently a client of Vocational Rehabilitation, please tell us your  
Counselor's Name \_\_\_\_\_ Phone \_\_\_\_\_

**14. School and Community Involvement**

Below, please briefly list your involvement with your school and community. This may include any offices held, club memberships, after school activities or work experience.

<b><u>Activity</u></b>	<b><u>Adult Contact</u></b>	<b><u>Dates Involved</u></b>	<b><u>Grade</u></b>
_____			
_____			
_____			
_____			

**15. Letters of recommendation**

Please attach two letters of recommendation which describe your demonstrated leadership skills or your leadership potential. One letter MUST be from a high school representative and one MUST be from a community representative outside your school.

List name, position/title, organization and telephone number of your Recommendations.

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## MYLF Application

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#### 16. Required Essay

Your answers to the following questions will be used to assess your readiness to participate in the Leadership Forum. Please write your responses on a separate sheet of paper and attach to your completed application packet. Your total response for all four of these topics should not exceed four (4) typewritten, double-spaced sheets. (Responses must be double-spaced and either typewritten or printed in black ink.)

A. Qualifications – explain why you feel you are qualified to be a delegate to this forum and please tell us why you want to attend.

B. Positive Influences – In terms of leadership, please tell us about two people who have positively influenced your life. Why? (Families, teachers, counselors, friends, public officials, or celebrities are appropriate examples).

C. Experiences as a person with a disability – Describe two important experiences you have had as a person with a disability. (Please be specific about your examples as they relate to your disability.)

D. Future Plans – Describe any of your plans for after high school.

**17. Please use the checklist below to make certain your application packet is complete. All questions must be answered and requested letters and information provided.**

- a. Application form
- b. Two letters of recommendation \_\_\_\_\_
- c. Essay responding to four topics \_\_\_\_\_

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

**KEEP THIS PAGE – DO NOT RETURN WITH APPLICATION**

**Mail Completed Applications to:**

**MYLF**

**1617 Euclid Ave. Suite 1**

**Helena, MT 59601**

**HOW STUDENT DELEGATES WILL BE SELECTED AND  
APPLICATION INSTRUCTIONS FOR STUDENTS.**

1. To be eligible for the Montana Youth Leadership Forum for Students with Disabilities, students must:
  - a. Have a disability (as defined by the ADA)
  - b. Be in the 9, 10, 11, or 12<sup>th</sup> grade as of December 31, 2009
  - c. Must have demonstrated leadership potential in school and community
  - d. Reside in Montana
2. Student applicants must mail the completed application packet to the MYLF office no later than April 2, 2010.
3. Selected applicants will be notified by letter no later than May 7, 2010.
4. After being selected, students will be asked to fill out a confirmation form, and provide additional information to the MYLF office.
5. **All appropriate expenses will be paid by the Montana Youth Leadership Forum (MYLF)** including such expenses as travel, lodging, food, and interpreters for students who are deaf and personal assistants for students with physical disabilities.



## **Montana Youth Leadership Forum**

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### **Request for Presenters**

The Montana Youth Leadership Forum for Students with Disabilities is seeking applications for presentations for the Leadership Forum to be held July 12-16, 2010 on the campus of Carroll College in Helena, MT. Presenters should ideally be:

- ♦ Individuals with disabilities or affiliated closely with the disability community
- ♦ Individuals who have achieved a professional level in their chosen field
- ♦ Individuals who have exhibited leadership abilities
- ♦ Individuals with positive attitudes who enjoy spending time with young people
- ♦ Individuals with excellent communication skills

The Montana Youth Leadership Forum (MYLF) for Students with Disabilities is on a limited budget. Presenters are asked to volunteer their time to the Forum as an in-kind donation to this effort to empower youth with disabilities. Meals will be provided and lodging may be available on a limited basis. Application deadline is April 2, 2010.

**Send completed applications to:**

**June Hermanson, Project Director  
MYLF  
1617 Euclid Suite 1  
Helena, MT 59601**



## Montana Youth Leadership Forum

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### 2010 Youth Leadership Forum Presentation Application Application Deadline - April 2, 2010

Name(s) \_\_\_\_\_

Address \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Evening Phone \_\_\_\_\_

Title of Presentation \_\_\_\_\_

**Presentation Abstract:** (In 50 words or less, give a brief description of the presentation proposed.) Please type or print.

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Lodging Requested ? Yes No

**Presentation addresses the following topic:**

Leadership \_\_\_\_\_ Self Esteem \_\_\_\_\_ Culture of Disability \_\_\_\_\_

Mentoring \_\_\_\_\_ Career/Education Goals \_\_\_\_\_ Leadership \_\_\_\_\_

Technology/Resource Development \_\_\_\_\_

**Presentation Type:**

- \_\_\_\_\_ Structured Talk - classroom style presentation
- \_\_\_\_\_ Panel Discussion - a group talk on a specific topic and answer questions from the audience
- \_\_\_\_\_ Poster/Slide/Video Presentation
- \_\_\_\_\_ Cracker Barrel - audience participates in the discussion with a facilitator leading the discussion
- \_\_\_\_\_ Workshop - an individual leads activities in which the audience participates and gains skills that can be used later

**Length of Presentation** \_\_\_\_\_

**Equipment Needed** \_\_\_\_\_





## Montana Youth Leadership Forum

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### VOLUNTEER STAFF APPLICATION

**Deadline – April 2, 2010**

**Staff Dates: Sunday July 11, 2010 through Friday, July 16, 2010**

NAME: \_\_\_\_\_ Date: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_ Fax: \_\_\_\_\_

Telephone (cellular): \_\_\_\_\_ Telephone (work) : \_\_\_\_\_

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#### **Applicant YLF Status Check All that apply:**

\_\_\_\_\_ New Staff Applicant

\_\_\_\_\_ YLF Alumini, if checked year attended YLF \_\_\_\_\_

\_\_\_\_\_ Former YLF staff member, if checked year(s) on staff \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

Position Desired: (Check those areas of interest and expertise)

Small/Large Group Facilitator \_\_\_\_\_ Co-Facilitator \_\_\_\_\_

Mentor/Peer Facilitator \_\_\_\_\_ Support Services \_\_\_\_\_

Other/Rover \_\_\_\_\_

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**Background check information**

**Social Security Number** \_\_\_\_\_

**Birthday:** \_\_\_\_\_

The above information will only be used to do a criminal background check as required by Montana State laws pertaining to volunteers who work with minors. By signing below you give the MYLF Advisory Council permission to conduct the background checks as necessary for your participation in the 2008 YLF.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**EDUCATION**

High School: \_\_\_\_\_ Dates: \_\_\_\_\_ Course of Study: \_\_\_\_\_

Post High School \_\_\_\_\_ Dates: \_\_\_\_\_ Course of Study: \_\_\_\_\_

Post High School \_\_\_\_\_ Dates: \_\_\_\_\_ Course of Study: \_\_\_\_\_

**WORK HISTORY**

Employer: \_\_\_\_\_ Dates: \_\_\_\_\_ Position: \_\_\_\_\_

Employer: \_\_\_\_\_ Dates: \_\_\_\_\_ Position: \_\_\_\_\_

**EXPERIENCE WITH INDIVIDUALS WITH DISABILITIES (include any previous YLF staffs)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SPECIAL INTEREST, TALENTS AND ABILITIES**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**REFERENCES (please list three, include telephone number)**

**\*\*References are only required for first-time applicants for staff positions of MYLF.**

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**If selected I will be available for all staff training and other designated/assigned responsibilities as a staff member for the Youth Leadership Forum beginning at 3:00 p.m., Sunday, July 11, 2010 through 12:00 p.m., Friday, July 16, 2010. I also agree to follow all Carroll College resident hall rules and regulations pertaining to my participation in YLF.**

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Signature

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Date

If you will have any accessibility or accommodation needs during the week please describe below.

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(If you have **no** accessibility or accommodation requirements please indicate such by a negative response.)